

Complaint No: _____

Date Received: _____

KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Evening Phone: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Evening Phone: _____

Name of Individual

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: _____ Evening Phone: _____

Name and phone number of persons who may provide additional information

1. Name: _____ Telephone: _____ Type of Information: _____

2. Name: _____ Telephone: _____ Type of Information: _____

3. Name: _____ Telephone: _____ Type of Information: _____

4. Name: _____ Telephone: _____ Type of Information: _____

Brief Summary of Complaint

(Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.)

